

Games of Chance Financial Report Instructions

A monthly financial report must be prepared for each game date played during any given month and submitted to the Commission no later than the fifteenth day of the following month. To complete the Monthly Financial Report, use your source documents to summarize the activity for each game date conducted during the reporting month. Using this set of completed worksheets, transfer the required numbers to the Financial Report under the appropriate game date.

At the end of each month, submit one report containing all information for each game date played within that month. You are to retain all of your source documents for a period of not less than two years. Do not submit these source documents or any other in-house summaries to the Commission with your Monthly Financial Report.

MONTHLY FINANCIAL REPORT

Name of Organization - Enter the name of the Charitable Organization licensed for the games of chance.

Organization Contact Number - List the organization's contact telephone number. In the event that it is necessary for the NH Racing and Charitable Gaming Commission staff to contact the organization, an accurate number must be on file.

Organization's playing address - List the Street address, City and State where the games of chance were played during the reporting month.

Game Month – Enter the month during which the games of chance were conducted.

Organization's ID # - Enter the ID number that was issued to the charitable organization by the Commission. This number is listed on the license.

Organization License # - Enter the license number that was issued to the charitable organization by the Commission. This number is listed on the license

Name of Primary Game Operator or Primary Game Operator Employer - If applicable, enter the name of the game operator or game operator employer that conducted the games of chance on behalf of the charitable organization.

Line 1 – Game Number – Report the earliest game date played in the month as "Game Date 1". Assign a consecutive number for each game played in that month. If more than five game dates are reported, include a second page and maintain the consecutive numbering.

Line 2 – Game Date – Enter the day, month and year that the game of chance was conducted.

GAMES WHERE CHIPS HAVE NO MONETARY VALUE

Line 3 – Tournaments - Enter the total amount of buy-ins, re-buys, and add-ons, (the handle) for all tournaments conducted on that game date.

Line 4 – Prizes Paid In Check - Enter the total amount of prizes that were paid by check for that game date. Copies of all checks issued must be retained for a period of two years. Do not submit a summary or list of checks issued with the monthly financial report. Maintain all source documents and have them available for examination by a Commission auditor.

Line 5- Prizes paid in cash – Enter the total amount of prizes paid in cash on all games played where chips have no monetary value.

Line 6- Net Revenue from Games where chips have no monetary value – Subtract Lines 4 and 5 from Line 3 and enter the Net Revenue from Tournament activity.

GAMES WHERE CHIPS HAVE MONETARY VALUE

Line 7- Games with rake where chips have monetary value - Enter the proceeds from games with rake where chips have monetary value.

Line 8- Games without rake where chips have monetary value - Enter the proceeds from games without rake where chips have monetary value.

- Game Operators will be allowed to offset net losses from house backed games on any game date against net income from such games on other game dates within the (10) day licensing period.
- Game Operators shall not offset a net loss from house backed games on any game date against raked or tournament games.
- If after combining all the income and losses from house backed games for the (10) day license period, the result is a net loss, the operator will bear the full loss and shall not offset such losses against raked or tournament games.

If a net loss occurs on house banked games, a negative number is permitted. However, the game operator or game operator employer may net these losses from winnings from game dates within the same licensed period. If netting is done, adequate backup documentation must be maintained and be available for inspection.

Line 9- Total Revenue – Add lines 6, 7, and 8, and enter the total.

AMOUNTS PAYABLE TO THE STATE

Line 10- Tournament Games (games where chips have no monetary value) – Multiply the amount of Line 3 by 3% and enter that amount.

Line 11- Games where chips have monetary value and rake - Multiply the amount of Line 7 by 10% and enter that amount.

Line 12- Games where chips have monetary value and no rake - Multiply the amount of Line 8 by 10% and enter that amount. This amount may not be a negative number per Pari 1218.02 (f) (1).

Line 13- Total State Revenue - Add Lines 10, 11, and 12, and enter the total.

Line 14- Charity Allocation - Report the dollar amount paid to the charitable organization for this game date. This number may not be less than 35% of Line 9.

Line 15 – Operator Fees - Report the dollar amount retained by the game operator for this game date.

Line 16- Bank Deposit - Enter the total amount of cash and proceeds for the game date deposited into the account required by RSA 287-D: 2-c, VI.

NOTE: IF FIVE OR FEWER GAMES WERE CONDUCTED DURING THE REPORTING MONTH, SUBMIT ONLY PAGE 1 AND THE SIGNATURE PAGE. DO NOT INCLUDE A BLANK SECOND PAGE.

IF MORE THAN FIVE GAME DATES WERE CONDUCTED DURING THE REPORTING MONTH, SUBMIT PAGE 2. INDICATE THE NUMBER OF PAGES ON THE SIGNATURE PAGE.

SIGNATURE PAGE

Complete the heading information as instructed above.

Section 1: To be completed by authorized members of the Charitable Organization.

In the block provided, indicate to the Commission if your organization has received full payment of your charity allocation for the game dates reported for this month. If the answer is no, provide a brief explanation in the “comment” section.

Prepared By - If a member of the charitable organization prepares the report, enter the name of the person that completed the Games of Chance Financial Report for the date(s) reported on the previous page(s). If the form is completed by the Primary Game Operator, leave this line blank.

Treasurer (print name) - Print the Treasurer's name.

Signature - The Treasurer shall sign on this line. With his/her signature the treasurer is attesting that the statements contained in this report are true, and there are no willful misrepresentations or falsifications within this report.

Date - Enter the date that this form was signed by the treasurer.

Chairperson (print name) - Print the chairperson's name here.

Signature - The Chairperson shall sign on this line. With his/her signature the chairperson is attesting that the statements contained in this report are true, and there are no willful misrepresentations or falsifications within this report

Date - Enter the date that this form was signed by the chairperson.

Section 2: to be completed by the Game Operator Employer or Primary Game Operator

Prepared By - Enter the name of the game operator that completed the Games of Chance Financial Report for the month stated on first page. If the form was prepared by a member of the charitable organization, leave this line blank.

Primary Game Operator or Authorized Official (print name) - Enter the name of the Primary Game Operator or Authorized Official given the authority to sign on behalf of the Game Operator Employer.

Signature - The primary game operator, or authorized official shall sign on this line. With his/her signature the game operator, or authorized official is attesting that the statements contained in this report are true, and there are no willful misrepresentations or falsifications within this report

Date - Enter the date that this form was signed by the game operator or authorized official.

Page ____ of ____ - In the lower right corner of the signature page, indicate the Page number of the Signature page and the total number of pages submitted for that month. Example: Page 2 OF 2 or Page 3 OF 3.

ON THE MONTHLY GAMES OF CHANCE FINANCIAL REPORT, ONLY REPORT THE ACTIVITY OF GAME DATES THAT OCCURRED DURING THAT MONTH. GAME DATES THAT OCCURRED DURING A PRIOR OR SUBSEQUENT MONTH MUST BE REPORTED ON A SEPARATE MONTHLY FINANCIAL REPORT.

DO NOT SUBMIT ANY SOURCE DOCUMENTS, SUMMARIES, OR OTHER INFORMATION TO SUPPORT INFORMATION CONTAINED ON THIS REPORT OR INFORMATION RELATIVE TO THE CONDUCT OF THE GAMES OF CHANCE.

DO NOT SUBMIT A RECORD OF THE AMOUNT OF PRIZES AWARDED, THE NAME AND ADDRESSES OF MEMBERS WHO PARTICIPATED IN THE GAMES OF CHANCE, OR A STATEMENT OF EXPENSES.

ALL SUCH DOCUMENTATION MUST BE RETAINED FOR A PERIOD OF NOT LESS THAN TWO YEARS AND BE MADE AVAILABLE FOR INSPECTION BY THE NH RACING AND CHARITABLE GAMING COMMISSION UPON REQUEST.